

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

3

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	/						
2		/					
3		/					
4		/					
5		/					
6		/					
7		/					
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

1  
2

1  
2

1  
2

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

1  
2

1  
2

1  
2